Image# 10931776160 10 13 : 48

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1				
VOCES DE LA FRONTERA ACTION					
(b) Address (number and street)					
(c) City, State and ZIP Code					
MILWAUKEE WI 53204	3. FEC Identification Number				
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No					
Individual filers only Name of Employer	Occupation				
4. TYPE OF REPORT (check appropriate boxes):					
(a) April 15 Quarterly Report	Notice				
☐ July 15 Quarterly Report					
☐ October Quarterly Report					
☐ January 31 Year-End Report					
(b) Is this Report an amendment? Yes No X					
5. COVERING PERIOD: FROM M,					
THROUGH					
M _{1,0} / D _{2,0} / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
6. TOTAL CONTRIBUTIONS	1000.00				
7. TOTAL INDEPENDENT EXPENDITURES	822.05				
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.					
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE				
Jeralyn Wendelberger	10/30/2010				
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.					

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

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LIMILLE ILLULII 10		
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee
NAME OF FILER (In Full) VOCES DE LA FRONTERA ACTION	I	
Full Name (Last, First, Middle Initial) Racine Education Association PAC Mailing Address 1201 West Boulevard City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Racine FEC ID number of contributing federal political committee.	WI 53405	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupat	ion

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page carry total to Line 6)	1000.00

Image# 10931776162 SCHEDULE 5-E

MIZED INDEPENDENT EXPENDIT	JRES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
OCES DE LA FRONTERA ACTION			
Full Name (Last, First, Middle Initial) of Payee			Date
Canvass Consultants			
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 2165 N. 60th St.			Amount
2103 N. 00th St.			145.00
City	State	Zip Code	143.00
Wauwatosa	WI	53208	
Purpose of Expenditure		Category/	Office Sought: House State: WI
consulting		Туре	Senate X Senate
Name of Federal Candidate Supported or Opp	osed by Expenditure	:	President District:
Russ Feingold			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		.00	2010
for Office Sought		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Volunteers Stipends			M M / D D / Y Y Y
Mailing Address			10 29 2010
c/o Voces de la Frontera			Amount
1027 S. 5th St.	State	Zip Code	428.75
City Milwaukee	WI	53204	
Purpose of Expenditure			Office Sought: House Out WI
volunteers/canvass - stipends		Category/ Type	State: VI
<u> </u>			Senate X Senate District:
Name of Federal Candidate Supported or Opp Russ Feingold	osed by Expenditure	:	President —
nuss i eingolu			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		.00	2010 Cother (specify)
Full Name (Last, First, Middle Initial) of Payee Employees Voces de la Frontera			Date
Employees voces de la Frontera			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
c/o 1027 S. 5th St.			
City	State	Zip Code	248.30
Milwaukee	WI	53204	
Purpose of Expenditure		Category/	Office Sought: House State: WI
training/canvassing		Type	Senate X Senate
Name of Federal Candidate Supported or Opp	osed by Expenditure	<u> </u>	President District:
Russ Feingold			Check One: X Support Oppose
Calendar Year-To-Date Per Election		00	Disbursement For: Primary X General
for Office Sought	L	.00	Other (specify)
a) SUBTOTAL of Itemized Independent Expe	nditures		822.05
,			
(b) SUBTOTALof Unitemized Independent Ex	penditures		
(a) TOTAL Independent Expenditures			822.05

(carry total from last page forward to Line 7)